

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION
EFFECTIVE APRIL 14, 2003

HEALTHY START PROGRAM MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

As your health plan the Healthy Start Program sees information about your health and finances. It is important to us that you know that the Department of Public Health has always taken great care to protect your privacy and will continue to do that. By law we are required to maintain the privacy of your information, give you this notice and follow the terms of this notice.

The Department and UNICARE, our plan administrator, want you to know some of the things we do to protect your information.

- We limit the number of people we show it to
- We ask those people to protect it
- We let you check the information we have about you to make sure it is correct

Where do we get this information?

- From you when you fill out the application forms
- From doctors, hospitals and labs that must be paid for the services they provide
- From other companies we do business with such as our mental health provider network
- From agencies that keep track of your credit rating

Who do we show it to?

- Our employees at the Department of Public Health and UNICARE so that we can pay your health care providers for services you get, and to check on your eligibility for different health benefits
- Our doctors and other providers
- Other companies we do business with
- People who have a legal right to see it such as:
 - the U.S. Department of Health and Human Services when it needs to make sure your privacy is protected
 - government agencies that give you benefits and services or for licensure, audit or other proceedings
- Agencies that oversee how we run our business such as those that evaluate the quality of health care services you get

How do we protect the information we have about you?

- Our employees and providers sign an agreement to keep it private
- Other companies we do business with have written agreements with us to keep it private
- We follow state and federal privacy laws

How might we use or share this information?

- To pay your health care providers for services you get
- To make sure that your health care is covered by your benefit plan
 - For example we would want to be sure that a service offered by a provider will be paid for by your plan so that you know whether or not you will be charged for that service
- To make sure your health care is medically necessary
- With health care providers to coordinate treatment and services that you get
- To demonstrate to government agencies that oversee our work that we are doing things the right way
- To meet legal requirements
- To the U.S. Department of Health and Human Services to make sure your privacy is protected
- To operate our programs
 - For example to make sure you are receiving quality health care or to study ways to reduce costs
- For research projects that meet privacy requirements
- With other government agencies that give you benefits or services
- To prevent or respond to an immediate health emergency

Do we ever use this information for any other reason?

Unless you give us permission, we can not use this information for any other reason. If you do not give us your written consent, we can not use it. You may cancel your permission at any time, as long as you do it in writing. Note: we cannot take back any health information we used or shared when we had your permission.

Your Rights

You have the right to:

- Write to us to get a copy of information we have about you. We have the right to charge you to cover certain costs.
- Ask us to change your health information if you think it is wrong or incomplete. You must tell us in writing which health information you want us to change, and why. We may not be able to change the information in certain circumstances. Information we didn't create can not be changed by us.
- Ask us in writing to limit the information we share or limit how we use it. We may not be able to grant this request.
- Ask us to get in touch with you in some other way, if contacting you at the address or telephone number we have for you would put you in

danger. You must tell us in writing that you are in danger and exactly where and how we should contact you.

- Request a list of when (on or after April 14, 2003) and with whom we shared your information, with limited exceptions.

Complaints

If you think we have not protected your privacy, you can file a complaint with UNICARE, the Massachusetts Department of Public Health or the federal government. Filing a complaint will not affect your benefits.

Copies

You have the right to receive a paper copy of this notice. You can receive another copy of it at any time.

Changes

We can make changes to this policy on your right to privacy. Any changes will apply to information we already hold or receive in the future. We will let you know about the changes through a note mailed to your address or a note posted on our website on the Internet.

How can you reach us?

You can call HSP customer service at 1-888-488-9161.

If you want to file a complaint or request any of the rights in this policy, write to:

Healthy Start Program
PO Box 1977
Andover, MA 01810-0033
Attention: HIPAA Lead

If you are not satisfied with the response you receive from UNICARE, or if you wish to contact the Department of Public Health, write to:

The Department of Public Health
Privacy Office - Healthy Start Program
250 Washington Street, 5th Floor
Boston, MA 02108